

<i>SERFF Tracking Number:</i>	<i>UNLI-126566048</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45312</i>
<i>Company Tracking Number:</i>	<i>1038</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Apollo Emergency Medevac Individual Plan</i>		
<i>Project Name/Number:</i>	<i>Apollo Emergency Medevac Individual Plan/1038</i>		

Filing at a Glance

Company: Unified Life Insurance Company	SERFF Tr Num: UNLI-126566048	State: Arkansas
Product Name: Apollo Emergency Medevac Individual Plan		
TOI: H21 Health - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 45312
Sub-TOI: H21.000 Health - Other	Co Tr Num: 1038	State Status: Waiting Industry Response
Filing Type: Form	Author: Rose Leiter	Reviewer(s): Rosalind Minor
	Date Submitted: 03/31/2010	Disposition Date: 04/26/2010
		Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: Apollo Emergency Medevac Individual Plan	Status of Filing in Domicile:
Project Number: 1038	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/26/2010	Explanation for Other Group Market Type:
	State Status Changed: 04/05/2010
Deemer Date:	Created By: Rose Leiter
Submitted By: Rose Leiter	Corresponding Filing Tracking Number:
Filing Description:	
This filing provides individuals and their family members emergency medical air evacuation and the option to provide ground ambulance service.	

Company and Contact

Filing Contact Information

Rose Leiter, Regulatory Compliance Director roseleiter@unifiedlife.com

SERFF Tracking Number: UNLI-126566048 State: Arkansas
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Product Name: Apollo Emergency Medevac Individual Plan
Project Name/Number: Apollo Emergency Medevac Individual Plan/1038

Unified Life Insurance Company 913-871-7334 [Phone]
7201 W 129th 913-871-7335 [FAX]
Suite 300
Overland Park, KS 66213

Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$100.00	03/31/2010	35288924

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/26/2010	04/26/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/05/2010	04/05/2010	Rose Leiter	04/15/2010	04/15/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Memorandum and Rates	Note To Reviewer	Rose Leiter	04/20/2010	04/20/2010
Actuarial memo & rates	Note To Filer	Rosalind Minor	04/20/2010	04/20/2010

<i>SERFF Tracking Number:</i>	<i>UNLI-126566048</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 04/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNLI-126566048</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Marketing Brochure	Approved-Closed	Yes
Form	Emergency Medical Air Evacuation Policy	Approved-Closed	Yes
Form	Ground Ambulance Service Endorsement	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Rate	Rate Memorandum	Approved-Closed	No

SERFF Tracking Number: UNLI-126566048 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 45312
Company Tracking Number: 1038
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Apollo Emergency Medevac Individual Plan
Project Name/Number: Apollo Emergency Medevac Individual Plan/1038

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/05/2010

Submitted Date 04/05/2010

Respond By Date

Dear Rose Leiter,

This will acknowledge receipt of the captioned filing.

Objection 1

- Emergency Medical Air Evacuation Policy, IPEME 2010 (Form)

Comment:

Since this is a new type of product for Arkansas, please provide us with the following information in order for us to complete our review.

1. What states have approved and/or disapproved this product? What were the reasons for disapproval?
2. Why is it necessary to have this type of benefit as a stand alone policy in lieu of a rider to an existing policy?
3. Have you developed any marketing material? If so, please provide copies. How will this product be marketed. \\\

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/15/2010

Submitted Date 04/15/2010

Dear Rosalind Minor,

Comments:

This is in response to your Objection Letter of 04/05/2010.

Response 1

Comments: To date, this product has been filed in Alabama, Alaska, Arkansas, Arizona, California, District of Columbia, Delaware, Georgia, Hawaii, Iowa, Idaho, Indiana, Montana, Washington, and Wyoming. The product is currently approved in Alabama, Alaska, Washington, and Wyoming. Some states have responded with objection letters

SERFF Tracking Number: UNLI-126566048 State: Arkansas
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requesting language changes and/or additional information. Montana has disapproved this product filing for lack of timely response to an objection letter. We are currently working on responding to Montana.

This policy will cover balance bill or co-payments for any policy, or the total bill if the covered person has no health insurance. No individual health insurer is offering this type of policy as a rider or supplement. Co-payments are increasing. People want a safety net. This policy ensures no out of pocket cost for air or ground transport. This is the only nationwide coverage individual/family air and ground supplemental insurance policy.

Please see attached brochure and the Apollo MT website at www.apollomt.com.

Related Objection 1

Applies To:

- Emergency Medical Air Evacuation Policy, IPEME 2010 (Form)

Comment:

Since this is a new type of product for Arkansas, please provide us with the following information in order for us to complete our review.

1. What states have approved and/or disapproved this product? What were the reasons for disapproval?
2. Why is it necessary to have this type of benefit as a stand alone policy in lieu of a rider to an existing policy?
3. Have you develop any marketing material? If so, please provide copies. How will this product be marketed. \\\

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Marketing Brochure

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,
Rose Leiter

SERFF Tracking Number: UNLI-126566048 *State:* Arkansas
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TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: Apollo Emergency Medevac Individual Plan
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Note To Reviewer

Created By:

Rose Leiter on 04/20/2010 12:18 PM

Last Edited By:

Rosalind Minor

Submitted On:

04/26/2010 09:21 AM

Subject:

Actuarial Memorandum and Rates

Comments:

In response to your Note to Filer of today, please see the Rate Memorandum in the Rate/Rule Schedule.

<i>SERFF Tracking Number:</i>	<i>UNLI-126566048</i>	<i>State:</i>	<i>Arkansas</i>
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Note To Filer

Created By:

Rosalind Minor on 04/20/2010 09:12 AM

Last Edited By:

Rosalind Minor

Submitted On:

04/26/2010 09:21 AM

Subject:

Actuarial memo & rates

Comments:

Since this is an individual product, please submit the actuarial memorandum used to develop the rates and the rates.

SERFF Tracking Number: UNLI-126566048 State: Arkansas

Filing Company: Unified Life Insurance Company State Tracking Number: 45312

Company Tracking Number: 1038

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

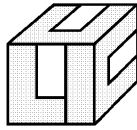
Product Name: Apollo Emergency Medevac Individual Plan

Project Name/Number: Apollo Emergency Medevac Individual Plan/1038

Form Schedule

Lead Form Number: IPEME 2010

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 04/26/2010	IPEME 2010	Policy/Cont Emergency Medical ract/Fratern Air Evacuation Policy al Certificate	Initial			IPEME 2010.pdf
Approved- Closed 04/26/2010	IEGAS 2010	Policy/Cont Ground Ambulance ract/Fratern Service Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			IEGAS 2010.pdf
Approved- Closed 04/26/2010	IAEME 2010	Application/ Application Enrollment Form	Initial			IAEME 2010.pdf



UNIFIED LIFE INSURANCE COMPANY

[P.O. Box 25326
Overland Park, KS 66225-5326]

EMERGENCY MEDICAL AIR EVACUATION POLICY

NOTICE TO BUYER: THIS IS A LIMITED BENEFIT POLICY. BENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ IT CAREFULLY.

THIS IS NOT MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from the Company.

INSURING CLAUSE

This is a contract of insurance, whereby we agree to pay directly to the service provider the benefits provided to you as set forth in this Policy for any covered loss in the Area of Service as defined in this Policy. The loss must occur while this Policy is in force as shown in the Policy Schedule. Benefits are subject to all terms, provisions and exclusions of this Policy. The words "you" "your" and "yours" in this Policy refer to the Primary Insured and/or the Primary Insured's Family Members named in the Policy Schedule or added during the term of this Policy. The words, "we", "our", "us" and "the Company" in this Policy refer to Unified Life Insurance Company.

CONSIDERATION CLAUSE

We have issued this Policy to the Primary Insured named in the Policy Schedule in consideration of the Application for the Policy and advance payment of the Initial Premium. A copy of the Application is attached. The Initial Premium will maintain this Policy in force from the Effective Date to the First Renewal Date. All periods of insurance shall begin and end at 12:01 A.M. Standard Time, at your residence.

RENEWAL SUBJECT TO COMPANY CONSENT

You may renew this Policy for successive one year terms, with our consent, by payment of each renewal premium as required. Premiums are due on the first day of each successive one year term. Each renewal premium is payable in advance or within the grace period for that term. Each renewal premium will be at the rates in effect at the time of renewal.

Our right to refuse to renew this Policy is limited to the renewal date occurring on each anniversary of the Effective Date of the Policy. We will not refuse to renew this Policy due to a deterioration of your physical or mental health. Our refusal to non-renew this Policy will not affect an existing claim.

YOUR RIGHT TO EXAMINE POLICY FOR 10 DAYS

You should examine this Policy carefully. You may, for any reason, return this Policy to the Company at our Administrative Office at [PO Box 25326, Overland Park, KS 66225-5326] or to the agent through whom it was purchased within 10 days after receiving it. The Policy shall be deemed void as of the date of issue. We will return any premium paid.

IN WITNESS WHEREOF, UNIFIED LIFE INSURANCE COMPANY HAS CAUSED THIS POLICY TO BE SIGNED BY ITS PRESIDENT AND SECRETARY.

[


President


Secretary

]

**EMERGENCY MEDICAL AIR EVACUATION POLICY
Renewal Subject To Company Consent
Non-Participating**

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POLICY SCHEDULE

Policy Number	Primary Insured	Date of Birth
Effective Date:	First Renewal Date:	Initial Premium: \$
Insured Family Members		
Name	Relationship	Date of Birth
Maximum Benefit Per Occurrence for Emergency Medical Air Evacuation		\$

DEFINITIONS

Area of Service means all locations in the United States of America and Canada.

Effective Date means the date coverage under this Policy begins and as stated in the Policy Schedule. All periods of insurance under this Policy shall begin and end at 12:01 A.M. Standard Time, at your residence.

Family Members means the legal spouse of the Primary Insured and their natural born or legally adopted children, who have not yet reached their 21st birthday. Any children who are full-time students at an accredited school, college, or university will be covered until they reach their 25th birthday or become married, whichever shall first occur. Coverage for newborn children is effective from the moment of birth. Coverage for adopted children or children placed for adoption is effective from the date of adoption or placement for adoption.

Hospital means a legally operated institution which:

- (a) is operated pursuant to the law and is licensed or approved as a Hospital by the responsible state agency;
- (b) is primarily engaged in providing medical care and treatment for sick or injured persons on an inpatient basis, for which a charge is made;
- (c) provides 24 hour a day nursing service by or under the supervision of registered graduate professional nurses (RNs); and
- (d) is not a convalescent home, a convalescent, rest or nursing facility, a facility primarily for the aged, drug or alcohol rehabilitation, or a facility primarily affording custodial, rehabilitation or educational care.

Primary Insured means the person named in the Policy Schedule.

Legally Qualified Physician means any duly licensed medical practitioner who is acting within the scope of his or her license, and is other than you or a member of your immediate family.

Transportation Expense means the cost of conveyance of the Insured, and medically necessary services or supplies for and during such conveyance.

Usual & Customary Charges means the amount equal to or greater than the 80th percentile of charges for comparable services made by other service providers in the same geographic area for the same service.

COVERAGE

When you incur emergency Transportation Expense as a result of a sickness or injury within the Area of Service while coverage is in force, the benefits described herein are payable directly to the service provider.

Emergency Medical Air Evacuation. If the sending caregiver and the receiving Legally Qualified Physician determine that air transportation to a Hospital or medical facility is safe, appropriate and medically necessary to treat an unforeseen sickness or injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the Transportation Expense incurred will be paid for at the Usual & Customary Charges for your transportation to the closest Hospital or medical facility capable of providing that treatment. The amount payable will not exceed the Maximum Benefit Per Occurrence for Emergency Medical Air Evacuation shown in the Policy Schedule. Any balance due the service provider will be your responsibility.

Benefits payable under this Policy are secondary to and for the excess over all other insurance or indemnity payments. If you have other insurance, including Workman's Compensation, that may provide benefits for this same loss, the Company reserves the right to reduce the benefits payable hereunder to the extent of such other insurance or indemnification payments.

You are required to:

- (a) notify the Company of any other insurance;
- (b) help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits or indemnification amounts;
- (c) not do anything after the loss to prejudice the Company's rights; and
- (d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance or indemnification. The Company may not request reimbursement after one year of payment of the claim.

PREMIUMS

Each renewal premium is due at the end of the one year term for which the preceding premium was paid. Each renewal premium is payable at our Administrative Office. Except as provided in the Grace Period provision, the payment of a premium will not maintain this Policy in force beyond the term for which such premium is paid. The Company reserves the right to change the premium or terminate this Policy as of any anniversary of the Effective Date, subject to 60 days prior written notice.

EXCLUSIONS

Benefits are not payable for sickness, injuries or losses of you or your covered Family Member for:

- 1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
- 2. mental, nervous, or psychological disorders;
- 3. an act of declared or undeclared war;
- 4. participating in maneuvers or training exercises of an armed service;
- 5. a contributing cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
- 6. normal childbirth, normal pregnancy (except complication of pregnancy) or voluntary induced abortion;
- 7. participation as a professional in athletics;
- 8. civil disorder;
- 9. elective treatment and procedures;
- 10. if the patient is legally pronounced dead before the evacuation service is called;
- 11. transportation from the member's home to a facility other than a Hospital, skilled nursing facility, rehabilitation facility, or nursing home to the member's home; or
- 12. transportation provided primarily for the convenience of the patient, patient's family or physician.

GENERAL PROVISIONS

When Coverage Ends. Your coverage stops on the premium due date for which the required premium has not been paid by such date or within the grace period, or the date you cease to meet the definition of a Family Member.

Entire Contract, Changes. The entire contract between the parties consists of this Policy, a copy of the Application, which is attached, and any attached endorsements or riders. No change in this Policy will be effective until approved by an executive officer of the Company. This approval must be attached to this Policy. No agent, nor anyone other than an officer of the Company, has the power to change this contract or waive any of the Company's rights or requirements.

Time Limit on Certain Defenses. After two years from the date you became insured under this Policy, no misstatement, except fraudulent misstatements in the application, may be used to void this Policy or to deny a claim for loss incurred after such two year period.

Grace Period. This Policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will remain in force during the grace period. If the insured incurs loss during the grace period, the Policy proceeds will be reduced for any premium that is due and unpaid. The premium is in default if it is still due and unpaid at the end of the grace period.

Notice of Claim. Written notice of claim must be given to us within 60 days after a covered loss occurs or as soon as reasonably possible. The notice can be given to us at our Administrative Office.

Claim Forms. When we receive a notice of claim, we will send you forms for filing proof of loss. If such forms are not sent to you within 10 days, you will meet the proof of loss requirements if you give us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

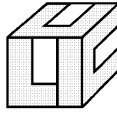
Proof of Loss. You must supply Us with proof of loss within 90 days after the date of loss or as soon as is reasonably possible but in no event more than one year from the time it is otherwise required, except in the absence of legal capacity.

Time of Payments of Claims. Benefits for a covered loss will be paid immediately upon receipt of satisfactory proof of loss.

Payment of Claims. Benefits will be paid to the provider of services. Our liability will be fully discharged to the extent of any such payments made in good faith.

Legal Action. A claimant or the claimant's authorized representative cannot start any legal action until 60 days after the proof of loss has been given, nor more than three years after the date of loss.

Unpaid Premiums. When a claim is paid, any premiums due and unpaid may be deducted from the claim payment.



Unified Life Insurance Company
[P.O. Box 25326, Overland Park, KS 66213-5326]

GROUND AMBULANCE SERVICE ENDORSEMENT

ENDORSEMENT SCHEDULE

Attached to and made part of Policy Number _____

Primary Insured: _____ Effective Date: _____

Initial Premium: \$ _____

Maximum Benefit Per Occurrence for Ground Ambulance Service: \$ _____

This Endorsement is added to and becomes a part of the Policy shown above. It is issued in consideration of the payment of the premium as set forth in the Application for the Policy. All of the provisions and conditions of the Policy apply to this Endorsement.

The Definitions section of the Policy is endorsed to add the following definition:

Ground Ambulance Service means a licensed service provider of ambulance transportation equipped with appropriate emergency and medical supplies and equipment.

The Coverage section of the Policy is endorsed to add the following coverage:

Ground Ambulance Service. When you are, for medically necessary reasons, transported within a metropolitan area served by a Ground Ambulance Service, to a Hospital or medical facility for an unforeseen sickness or injury that is acute or life threatening, the Transportation Expense incurred will be paid for at the Usual & Customary Charges for your transportation to the closest Hospital or medical facility capable of providing that treatment. The Ground Ambulance Service personnel and the receiving Legally Qualified Physician will determine the safety and appropriateness of the transport. The amount payable will not exceed the Maximum Benefit Per Occurrence for Ground Ambulance Service shown in the Endorsement Schedule. Any balance due the service provider will be your responsibility.

IN WITNESS WHEREOF, UNIFIED LIFE INSURANCE COMPANY HAS CAUSED THIS ENDORSEMENT TO BE ADDED TO THE POLICY SHOWN ABOVE AND TO BE SIGNED BY ITS PRESIDENT AND SECRETARY.

[


President


Secretary

]

SERFF Tracking Number:	UNLI-126566048	State:	Arkansas
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TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Apollo Emergency Medevac Individual Plan		
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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/26/2010
Comments:		
Attachment:		
Generic Readability Certification.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	04/26/2010
Bypass Reason: See Form Schedule. The application is being submitted for approval at this time.		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	04/26/2010
Comments:		
Attachment:		
IOEME 2010.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Marketing Brochure	Approved-Closed	04/26/2010
Comments:		
Attachments:		
main brochure inside.pdf		
main brochure outside.pdf		

READABILITY CERTIFICATION

Company Name: **Unified Life Insurance Company**

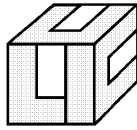
I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
IPEME 2010	49.8
IEGAS 2010	47.5
IAEME 2010	45.5



William M. Buchanan
Chairman of the Board

March 31, 2010
Date



UNIFIED LIFE INSURANCE COMPANY

[P.O. Box 25326]

Overland Park, KS 66225-5326]

LIMITED BENEFIT HEALTH COVERAGE

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT
INTENDED TO COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE

Read Your Policy Carefully - This Outline of Coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Limited benefit health coverage is designed to provide, to persons insured, limited or supplemental coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare” available from the Company.

DEFINITIONS

Area of Service means all locations in the United States of America and Canada.

Usual & Customary Charges means the amount equal to or greater than the 80th percentile of charges for comparable services made by other service providers in the same geographic area for the same service.

COVERAGE

When you incur emergency Transportation Expense as a result of a sickness or injury within the Area of Service while coverage is in force, the benefits described herein are payable directly to the service provider.

Emergency Medical Air Evacuation. If the sending caregiver and the receiving Legally Qualified Physician determine that air transportation to a Hospital or medical facility is safe, appropriate and medically necessary to treat an unforeseen sickness or injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the Transportation Expense incurred will be paid for at the Usual & Customary Charges for your transportation to the closest Hospital or medical facility capable of providing that treatment. The amount payable will not exceed the Maximum Benefit Per Occurrence for Emergency Medical Air Evacuation shown in the Policy Schedule. Any balance due the service provider will be your responsibility.

Benefits payable under the Policy are secondary to and for the excess over all other insurance or indemnity payments. If you have other insurance, including Workman's Compensation, that may provide benefits for this same loss, the Company reserves the right to reduce the benefits payable hereunder to the extent of such other insurance or indemnification payments.

OPTIONAL COVERAGE

Ground Ambulance Service. When you are, for medically necessary reasons, transported within a metropolitan area served by a Ground Ambulance Service, to a Hospital or medical facility for an unforeseen sickness or injury that is acute or life threatening, the Transportation Expense incurred will be paid for at the Usual & Customary Charges for your transportation to the closest Hospital or medical facility capable of providing that treatment. The Ground Ambulance Service personnel and the receiving Legally Qualified Physician will determine the safety and appropriateness of the transport. The amount payable will not exceed the Maximum Benefit Per Occurrence for Ground Ambulance Service shown in the Endorsement Schedule. Any balance due the service provider will be your responsibility.

EXCLUSIONS

Benefits are not payable for sickness, injuries or losses of you or your covered Family Member for:

1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
2. mental, nervous, or psychological disorders;
3. an act of declared or undeclared war;
4. participating in maneuvers or training exercises of an armed service;
5. a contributing cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
6. normal childbirth, normal pregnancy (except complication of pregnancy) or voluntary induced abortion;
7. participation as a professional in athletics;
8. civil disorder;
9. elective treatment and procedures;
10. if the patient is legally pronounced dead before the evacuation service is called;
11. transportation from the member's home to a facility other than a Hospital, skilled nursing facility, rehabilitation facility, or nursing home to the member's home; or
12. transportation provided primarily for the convenience of the patient, patient's family or physician.

RENEWAL SUBJECT TO COMPANY CONSENT

You may renew the Policy for successive one year terms, with our consent, by payment of each renewal premium as required. Premiums are due on the first day of each successive one year term. Each renewal premium is payable in advance or within the grace period for that term. Each renewal premium will be at the rates in effect at the time of renewal.

The Company reserves the right to change the premium or terminate the Policy as of any anniversary of the Effective Date, subject to 60 days prior written notice.



apollo medi trans

Emergency Medical transportation can be costly an often times undercompensated by standard health insurance plans, leaving patients with large bills for medical transportation on top of the bills from hospitals and Doctors. With a simple Apollo MT policy you will never have to worry about these costs again.

Apollo MT offers two simple policy choices underwritten by Unified Life, to anyone regardless of pre-existing illnesses, insurance status, or age.

Corporate and organization plans are available. Call us at 1-888-457-1711 for more information



pollo Air Medevac Plan - \$75.00*

The Apollo Air Medevac plan covers an entire household for one year and ensures that a person requiring Air Ambulance transport will not receive a bill. This policy will start 3 days after receiving payment and will cover any air ambulance transport to the nearest appropriate facility whether the aircraft is a helicopter or a fixed wing air ambulance. The Apollo Medevac Plan does not cover any ground ambulance transportation.



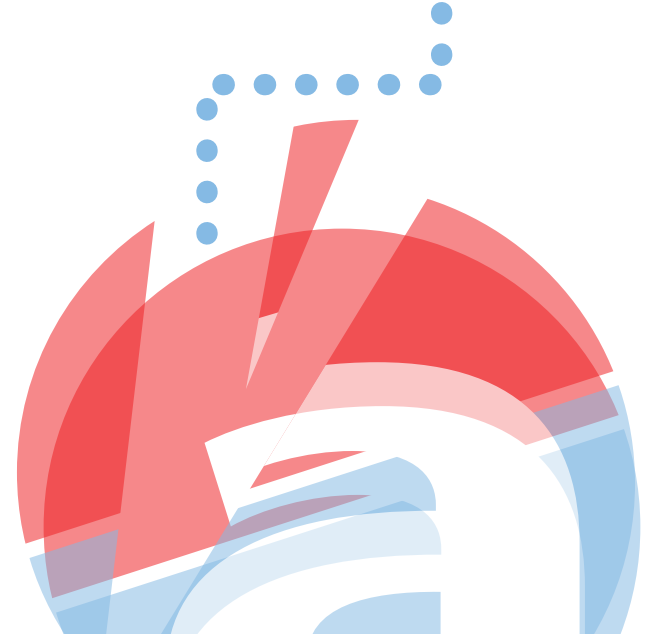
pollo Emergency Medevac Plan - \$100*

The Apollo Emergency Medical Services Plan covers an entire household for one year and ensures that a person requiring emergency medical transportation will not receive a bill. Policies are active 3 days after payment is received, and are good for one full year from date of purchase. This policy will cover any medically necessary medical emergency transport by ground ambulance including 911 services, rotor wing ambulance or fixed wing ambulance.

Apollo MT

250 Cushman St. Suite 4J
Fairbanks, AK 99701

PLACE
STAMP
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Apollo MT is a company issuing policies underwritten by Unified Life, whose goal is to help people cover the costs of emergency medical transportation. Apollo offers plans that can suit the needs of families who want to have peace of mind when dealing with the costs of medical transportation.

visit us at
www.apollomt.com
or call 1-888-457-1711